

# ATTACHMENT 1

## Procedure code conversion chart for prenatal care coordination services

The following table lists the nationally recognized procedure codes that providers will be required to use when submitting claims for prenatal care coordination (PNCC) services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Maximum allowable fees listed in this attachment are the proposed fees and may be subject to change. Wisconsin Medicaid will notify providers if the fees change from those printed in this *Update*.

Before HIPAA implementation		After HIPAA implementation			
Local procedure code	Local procedure code description	HCPCS procedure code	HCPCS procedure code description	Required modifier and description	Maximum allowable fee***
W7090	Risk assessment	<b>H1000</b>	Prenatal care, at-risk assessment	**	\$48.31
W7091	Initial care plan development	<b>H1002*</b>	Prenatal care, at risk enhanced service; care coordination	<b>U2</b> Initial care plan development **	\$8.00 each 15 minutes
W7092	Ongoing care coordination and monitoring	<b>H1002*</b>	Prenatal care, at risk enhanced service; care coordination	**	\$8.00 each 15 minutes
W7093	Health education/nutritional counseling — individual	<b>H1003*</b>	Prenatal care, at-risk enhanced service; education	**	\$12.08 each 15 minutes
W7094	Health education/nutritional counseling — group	<b>H1003*</b>	Prenatal care, at-risk enhanced service; education	<b>TT</b> Individualized service provided to more than one patient in same setting **	\$1.61 each 15 minutes
N/A		<b>H1004*</b>	Prenatal care, at-risk enhanced service; follow-up home visit	**	\$10.70 each 15 minutes

\* Procedure codes H1002 — H1004 are only allowable if diagnosis code V23.9 (unspecified high-risk pregnancy) is indicated.

\*\* "U1" modifier — When submitting claims for services provided within 185 days of a previous pregnancy, all procedure codes require the modifier "U1" (for example, when submitting claims for an initial care plan for a subsequent pregnancy, procedure code H1002 requires the modifiers "U1" and "U2" if the date of service is within 185 days of the first initial care plan).

\*\*\* The limit for PNCC services (procedure codes H1000, H1002-H1004) is \$887.46 per recipient, per pregnancy.